

# **PART B - ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance order and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing, below.

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
BSM1/0122		INVENTOR'S NAME	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK		Street Address	
600 SOUTH AVENUE WEST		City, State and Zip Code	
WESTFIELD NJ 07090		CO-INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/030,194	04/28/93	030	CLARK, S	2503 01/22/97
First Named Applicant	KHANDROS, IGOR Y.			

TITLE OF INVENTION **SEMICONDUCTOR CHIP ASSEMBLIES, METHODS OF MAKING SAME AND COMPONENTS FOR SAME**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	TESSERA3.300	257-692.000	I71	UTILITY	NO \$1290.00	04/22/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK
	2 _____
	3 _____

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: Tessera, Inc.	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(2) ADDRESS: (CITY & STATE OR COUNTRY) San Jose, California	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 12-1095 (ENCLOSE A COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 13 <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. <b>PLEASE NOTE:</b> Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) _____ (Date) 2/5/97 <b>NOTE:</b> The Issue Fee will not be accepted from anyone other than the applicant: a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

## **Certificate of Mailing**

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Assistant Commissioner for Patents  
Washington, D.C. 20231**

on: February 5, 1997 (Date)  
Arnold H. Krumholz Reg. No. 25,428 (Signature of person making deposit)  
(Signature)  
2/5/97 (Date)

1. TRANSMIT THIS FORM WITH FEE